Staff Nurse Feedback Form

To ensure NMC monitor our practice effectively, it is imperative that nurse provide this feedback, this can be from patient/family, colleagues and manager.

**We would really value your feedback on your experience.**

**Please help us maintain a high standard of care by answering the questions below. We appreciate any feedback you can provide. Thank you**

**Name of Staff Nurse:**

1) What is your relation to our staff nurse? (Circle One)

 Manager

Patient

Family of a patient

**Other:**

2) How helpful was our staff nurse? (Circle One)

Very Helpful Helpful Acceptable Unhelpful Very Unhelpful

**Comments:**

3) Did you find our staff nurse’s behaviour acceptable? (Circle One)

Yes No

**Comments:**

4) Was the staff nurse competent in their work? (Circle One)

Yes No

**Comments:**

5) Overall how satisfied are you with the performance of our staff nurse and the quality of care they provided? (Circle One)

 **Very Satisfied Satisfied Unsatisfied Very Unsatisfied**

**If you have any further comments we would appreciate the feedback. Please let us know below.**

**Thank you for agreeing to take part in this feedback**

**THANK YOU FOR YOUR TIME!**

**Sign/Date--------------------------------------------------------**